08/30/2010 12:47

Image# 10931215066

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE 401 N. Lindbergh Blvd ADDRESS (number and street) Check if different than previously St. Louis МО 63141 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS **AMENDED** NEW C00293910 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 Χ PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 04 0 1 2010 06 30 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. James R. Bowlin Type or Print Name of Treasurer Electronically Filed by James R. Bowlin 08 30 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2 / 22

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (a) C	Cash on Hand January 1 2010 Y Y Y		240612.24
` '	Cash on Hand at Begining of Reporting Period	160137.24	
(c) T	Total Receipts (from Line 19)	6225.00	13250.00
(d) S	Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	166362.24	253862.24
Total [	Disbursements (from Line 31)	101500.00	189000.00
Repor	on Hand at Close of ting Period act Line 7 from Line 6(d))	64862.24	64862.24
the co	and Obligations owed TO mmittee (Itemize all on lule C and/or Schedule D)	0.00	
the co	and Obligations owed BY mmittee (Itemize all on lule C and/or Schedule D)	0.00	

## For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 22

Write or Type Committee Name

## AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

0 4 D D D 0 1

2010

то.

м м 0 6 <sup>D</sup> 3 0

Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	5375.00	10625.00
	(ii) Unitemized	850.00	1625.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	6225.00	12250.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	6225.00	12250.00
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
4. 5.	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	1000.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
В.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6225.00	13250.00
0.	Total Federal Receipts (subtract Line 18(c) from Line 19)	6225.00	13250.00

## **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 22

II.	DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ing Expenditures: — hared Federal/Non-Federal —		
	ctivity (from Schedule H4)	0.00	0.00
(ii	) Non-Federal Share	0.00	0.00
` '	ther Federal Operating xpenditures	0.00	0.00
	otal Operating Expenditures add 21(a)(i), (a)(ii) and (b))	0.00	0.00
	ers to Affiliated/Other Party	0.00	0.00
23. Contrik		101500.00	189000.00
24. Indepe	ndent Expenditure	0.00	0.00
25. Coordi	nated Expenditures Made by Party ittees (2 U.S.C. 441a(d)) chedule F)	0.00	0.00
	Repayments Made	0.00	0.00
	Made	0.00	0.00
28. Refund (a) In	ds of Contributions To: dividuals/Persons Other	0.00	0.00
	nan Political Committees	0.00	0.00
(c) O	ther Political Committees	0.00	0.00
(d) To	uch as PACs)  otal Contribution Refunds	0.00	0.00
	dd Lines 28(a), (b), and (c))		
	Disbursements	0.00	0.00
	al Election Activity (2 U.S.C 431(20)) nared Federal Election Activity		
•	om Schedule H6) Federal Share	0.00	0.00
(ii	) "Levin" Share	0.00	0.00
٠,	ederal Election Activity Paid Entirely	0.00	0.00
` '	otal Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	Disbursements (add Lines 21(c), 22, 4, 25, 26, 27, 28(d), 29 and 30(c))	101500.00	189000.00
		.51000.00	100000.00
(subtr	Federal Disbursements act Line 21(a)(ii) and Line 30(a)(ii) Line 31)	101500.00	189000.00

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 22

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	6225.00	12250.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6225.00	12250.00
26. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 22 (check only one)    X   11a
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma	y not be sold or used by any persidence to	on for the purpose of soliciting contributions
<b> </b>	NAME OF COMMITTEE (In Full)		aros or arry pointour committee to	, , , , , , , , , , , , , , , , , , , ,
	AMERICAN ASSOCIATION OF ORTH	HODONTIST	TS POLITICAL ACTION COM	MMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Erik K. TinHan			Date of Receipt
	Mailing Address 727 Kapaia St			04 06 2010
	City	State	Zip Code	Transaction ID: 5900344
	<u>Honolulu</u>	HI	96825	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Hugh R. Phillis			Date of Receipt
	Mailing Address 10 Poliquin Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 5900717
	Nashua	NH	03062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
- С.	Full Name (Last, First, Middle Initial) Dr. Norman J. Nagel			Date of Receipt
	Mailing Address 1539 Via Aracena			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 5900719
	Camarillo	CA	93010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
ſ	SUBTOTAL of Receipts This Page (optional)			625.00
	. 3 (1)		•	

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 22 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than usin	and Statements may not be sold or used by any person of the name and address of any political committee to DRTHODONTISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jennifer Edwards Butler  Mailing Address 131 Brooklane Ct  City Conway  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed	State Zip Code SC 29527-8620  C Occupation Orthodontist	Date of Receipt  M M M / D D M 2 0 1 0  Transaction ID: 5935680  Amount of Each Receipt this Period  250.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr. Ronald B. Gross  Mailing Address 11 Crow Creek Ln  City  Radnor  FEC ID number of contributing	State Zip Code PA 19087-2725	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Dr. Jacqueline M. Miller Mailing Address 958 Prairie View ( City Washington FEC ID number of contributing federal political committee.	State Zip Code MO 63090	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self-Employed  Receipt For:  Primary General Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date   250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 22 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTH	tatements may not be sold or used by any personame and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr. John D. Callahan  Mailing Address 2425 E Lake Rd  City Skaneateles  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code NY 13152-8903  C  Occupation Orthodontist  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Michael Adam Feinberg  Mailing Address 9719 E Presidio Rd  City  Scottsdale  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code AZ 85260  C  Occupation Orthodontist  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Steven John Henseler  Mailing Address 9586 Bailey Rd  City Woodbury  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code MN 55129  C  Occupation Orthodontist  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 6003417  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)	·····	1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 22 (check only one)    X   11a
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	HODONTIST	TS POLITICAL ACTION COM	MMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Jacqueline A. Bunce			Date of Receipt
	Mailing Address 27926 195th Ave SE	O: :	7: 0.1	06 26 2010
	City Kent	State WA	Zip Code 98042-8532	Transaction ID: 6045369  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self-Employed	Occupation Orthodo		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Barton J. Girdwood			Date of Receipt
	Mailing Address 2048 N State Rte 123			06 26 2010
	City Lebanon	State OH	Zip Code 45036	Transaction ID: 6045371
	FEC ID number of contributing federal political committee.	C	43030	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- С.	Full Name (Last, First, Middle Initial) Dr. John F. Buzzatto	l		Date of Receipt
	Mailing Address 4012 Letort Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Allison Park	State PA	Zip Code 15101-3131	Transaction ID: 6045375  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	13101 3101	500.00
	Name of Employer Self-Employed	Occupation		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00
	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 22 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Stephanie Smith Crise Mailing Address 5801 Creekside Ct		Date of Receipt
City McKinney	State Zip Code TX 75071	Transaction ID: 6049050  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed  Receipt For:  Primary General Other (specify) ▼	Occupation Orthodontist  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Dr. Maria C. Castano-Rendon Mailing Address 344 Park Valley Dr		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Coppell  FEC ID number of contributing federal political committee.	State         Zip Code           TX         75019-5374	Transaction ID: 6049464  Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Stanley J. Morris Mailing Address 811 Sussex Rd		Date of Receipt
City Franklin Lakes	State Zip Code NJ 07417-1062	Transaction ID: 6049474  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed Receipt For:	Occupation Orthodontist	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)	750.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 22 (check only one)    X   11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Michael G. Durbin  Mailing Address 408 Cherry Creek I		Date of Receipt  0 6 2 8 2 0 1 0
City Prospect Heights	State Zip Code IL 60070	Transaction ID: 6051800  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation	250.00
Name of Employer Self-Employed  Receipt For:  Primary  General  Other (specify) ▼	Orthodontist  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. Keith B. Dressler  Mailing Address 9 St Ives Way		Date of Receipt  0 6 2 9 2 0 1 0
City Signal Mountain FEC ID number of contributing federal political committee.	State Zip Code TN 37377	Transaction ID: 6051807  Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) Dr. Richard D. Christensen Mailing Address 7020 Scenic Dr		Date of Receipt
City Yakima	State Zip Code WA 98908	Transaction ID: 6056574  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed Receipt For:	Occupation Orthodontist  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (options	al)	750.00

TOTAL This Period (last page this line number only) .....

COUEDINE A /EEC Form 2V)			FOR LINE NUMBER: PAGE 12 / 22
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTHO	ODONTIST	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) Dr. Andrew J. Tringas Mailing Address 3828 Lower Park Rd City	State	Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
Orlando FEC ID number of contributing federal political committee.	FL	32814	Amount of Each Receipt this Period  250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	•	250.00
TOTAL This Period (last page this line number only)	<b>•</b>	5375.00

В.

C.

FE6AN026

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	one) 22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
AMERICAN ASSOCIATION OF ORTHODO	ONTISTS POLITICAL ACT	TON COMMI	TTEE
Full Name (Last, First, Middle Initial) Citizens to Elect Rick Larsen			Transaction ID: 5901281 Date of Disbursement
Mailing Address PO Box 326			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
•	State Zip Code WA 98206		Amount of Each Disbursement this Period
Purpose of Disbursement		011	5000.00
Candidate Name Rick Larsen	١,	Category/ Type	
Office Sought: X House Disburse Senate X President	ment For: 2010 Primary General Other (specify)	71	
State: WA District: 02			
Full Name (Last, First, Middle Initial) Hoeven For Senate			Transaction ID: 6049400 Date of Disbursement
Mailing Address PO Box 15114			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & E \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & D & I & O \end{smallmatrix} \end{bmatrix}$
•	State Zip Code VA 22215		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2500.00
Candidate Name Mr. John Hoeven	-	Category/ Type	
Office Sought:  House  X Senate  President	nent For: 2010 Primary X General Other (specify)		
State: VA District:			
Full Name (Last, First, Middle Initial) John Thune for US Senate			Transaction ID: 6049401 Date of Disbursement
Mailing Address PO Box 3308			06
	State Zip Code SD 57101		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2500.00
Candidate Name John Thune		011 Category/ Type	
Office Sought:    House   Disburse     X Senate   President     State: SD District:	ment For: 2010 Primary X General Other (specify)		
-			10000.00
SUBTOTAL of Disbursements This Page (optional) .		······· <u>•</u>	1000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)		NUMBER: PAGE 14/22
TEMIZED DISBURSEMENTS	for each	category of the Summary Page	21b	22 X 23 24 25
			27	28a 28b 28c 29
Any Information copied from such Reports and Stor for commercial purposes, other than using the r				
NAME OF COMMITTEE (In Full)				
AMERICAN ASSOCIATION OF ORTH	ODONTISTS	POLITICAL A	CTION COMM	IITTEE
Full Name (Last, First, Middle Initial)				Transaction ID: 6049402
Mike Crapo For Us Senate				Date of Disbursement
Mailing Address P.O. Box 1948				06 M / 28 / Y Y Y Y Y Y
City Boise	State ID	Zip Code 83701		Amount of Each Disbursement this Period
Purpose of Disbursement	טו	03701		2500.00
r dipose of Disbursement			011	
Candidate Name Sen. Mike Crapo			Category/ Type	
9	ursement For:	2010		
X Senate President	Primary Other (sp	X General		
State: ID District:	Other (sp	CCIIY) \		
Full Name (Last, First, Middle Initial)				Transaction ID: 6049408
Toomey For Senate Committee				Date of Disbursement
Mailing Address 2720 Jordan Road				06 / 28 / 2010
City Orefield	State PA	Zip Code 18069		Amount of Each Disbursement this Period
Purpose of Disbursement			011	5000.00
Candidate Name Mr. Patrick Toomey			Category/ Type	
	ursement For:	2010	туре	
X Senate	Primary	X General		
President State: PA District:	Other (sp	ecify)		
Full Name (Last, First, Middle Initial)				Transaction ID: 6049409
Boozman For Arkansas				Date of Disbursement
Mailing Address 322 North Bloomington	on Suite A-B			06
City Lowell	State AR	Zip Code 72745		Amount of Each Disbursement this Perio
Purpose of Disbursement	, ,, ,	12.10		5000.00
			011	
Candidate Name Mr. John Boozman			Category/ Type	
	ursement For:	2010		
9				
X Senate	Primary	X General		
X Senate President				
X Senate President	Primary Other (sp	ecify) 🔻		12500.00

		B (FEC Form	-	Use sep	arate schedule(s)				E NUMB	ER:		PA	GE 15	/ 22
IT	EMIZED DI	SBURSEMEN	TS	for each	category of the Summary Page			eck on 21b 27	ly one) 22 28a		3 28b	24 28c	25 29	П
		ed from such Reports					ny p	erson	for the p	urpose	of solic	iting co	ntributio	
or	· · · · · · · · · · · · · · · · · · ·	rposes, other than usi	ng the name	and addre	ess of any political	com	mitte	e to so	olicit con	tribution	ns from	such c	ommitte	<del></del>
$\rangle$	NAME OF COM AMERICAN A	SSOCIATION OF	ORTHODO	ONTISTS	POLITICAL A	CTIC	)N (	COM	/IITTEE					
	Full Name (Last,	First, Middle Initial)							Tran	sactio	n ID: 6	60494	10	
	Carly For Cali	fornia Inc							М	M /	ourseme	ent / Y	YYY	Y
	Mailing Address	455 Capitol Ma	II Suite 80	1					0.6		28		ž 0 1	0
	City Sacramento			State CA	Zip Code 95814				Amo	unt of E	Each Dis	sburser	ment this	Period
	Purpose of Disbu	ursement					011						5000.0	00
	Candidate Name Ms. Carly Fior					Са	tego Type	ory/						
	Office Sought:	House X Senate President	Disburse	ment For: Primary Other (spe	2010 X General		71		-					
	State: CA	District:		Other (spe	scily) 🔻									
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	Mailing Address	PO Box 977							0.6	<u> </u>	28		201	0
	City Muskogee			State OK	Zip Code 74402				Amo	unt of E	Each Dis	sburser	nent this	Perio
	Purpose of Disbu	ursement		<u> </u>	7.1102		011	_					5000.0	00
	Candidate Name Tom Coburn	ı				Ca	tego Type	ory/						
	Office Sought:	House X Senate President District:	Disburse	ment For: Primary Other (spe	2010 X General ecify) ▼									
	Full Name (Last,	First, Middle Initial)	1								n ID: (		15	
	Portman For S	Senate Committee									ourseme	ent	· v · v	V
	Mailing Address	8331 Little Har	bor Drive						o <sup>M</sup> 6	<b>3</b> /	<sup>D</sup> 2 8	ľ	ž 0 1	0
	City Cincinnati			State OH	Zip Code 45244				Amo	unt of E	Each Dis	sburser	nent this	Perio
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	Candidate Name Mr. Rob Portn					Са	tego Type	ory/						
	Office Sought:	House X Senate President	Disburse	ment For: Primary Other (spe	2010 X General									
	State: OH	District:		Other (spe	ouiy) ▼									
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# SCHEDULE B (FEC Form 3X)

Transaction ID: 6049417 Date of Disbursement  Cardidate Name Sen. Pat Roberts  Office Sought:   House   President   State: KS   District:   Full Name (Last, First, Middle Initial)   President   State: KS   District:   Full Name (Last, First, Middle Initial)   President   State: DE   District: Office Sought:   X   House   President   Senate   President   President   Senate   President   Presid	SCHEDOLL B (I LO I OHII 5X)	Use separate schedule(s	(check on	= NUMBER: PAGE 16 / 22 lv one)
nor for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  NAME OF COMMITTEE (in Full)  AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial) Pat Roberts For Senate  Mailing Address PO Box 433  City State Zip Code (S7530) Purpose of Disbursement  Candidate Name Sen. Pat Roberts  Office Sought: House President State: KS District:  Full Name (Last, First, Middle Initial) Castle Campaign Fund  Mailing Address PO Box 133  City State Zip Code (Other (specify))  Transaction ID: 6049423 Date of Disbursement (In Gategory) Type  Transaction ID: 6049423 Date of Disbursement (In Gategory) Type  Amount of Each Disbursement (In Gategory) Type  Transaction ID: 6049423 Date of Disbursement (In Gategory) Type  Amount of Each Disbursement this Perio (In Gategory) Type  Transaction ID: 6049423 Date of Disbursement (In Gategory) Type  Transaction ID: 6049423 Date of Disbursement (In Gategory) Type  Transaction ID: 6049423 Date of Disbursement (In Gategory) Type  Transaction ID: 6049423 Date of Disbursement (In Gategory) Type  Transaction ID: 6049423 Date of Disbursement (In Gategory) Type  Transaction ID: 6049424 Date of Disbursement (In Gategory) Type  Transaction ID: 6049424 Date of Disbursement (In Gategory) Type  Transaction ID: 6049424 Date of Disbursement (In Gategory) Type  Transaction ID: 6049424 Date of Disbursement (In Gategory) Type  Transaction ID: 6049424 Date of Disbursement (In Gategory) Type  Transaction ID: 6049424 Date of Disbursement (In Gategory) Type  Transaction ID: 6049424 Date of Disbursement (In Gategory) Type  Transaction ID: 6049424 Date of Disbursement (In Gategory) Type  Transaction ID: 6049424 Date of Disbursement (In Gategory) Type  Transaction ID: 6049424 Date of Disbursement (In Gategory) Type  Transaction ID: 6049424 Date of Disbursement (In Gategory) Type  Transaction ID: 6049424 Date of Disbursement (In Gategory) Type  Transaction ID: 6049424 Date of Disbursement	ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 X 23 24 25
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial) Pat Roberts For Senate  Mailing Address PO Box 433  City State Bend KS 67530  Purpose of Disbursement  Candidate Name Sen. Pat Roberts  State: KS District:  Full Name (Last, First, Middle Initial) Castle Campaign Fund  Mailing Address PO Box 133  City State Zip Code (Ass. First, Middle Initial) Castle Campaign Fund  Mailing Address PO Box 133  City State Zip Code (Ass. First, Middle Initial) Castle Campaign Fund  Mailing Address PO Box 133  City State Zip Code (Defense)  Full Name (Last, First, Middle Initial) Candidate Name Rep. Michael Castle  Office Sought: X House Senate President State: DE District: 01  Full Name (Last, First, Middle Initial) Candidate Name Rep. Michael Castle  Office Sought: X House Primary X General President State: DE District: 01  Full Name (Last, First, Middle Initial) Candidate Name Mailing Address PO Box 301141  City Indianapolis Name Category/Type  Office Sought: House X Senate President  Candidate Name Mailing Address PO Box 301141  City Indianapolis Name  Crandidate Name Miling Address PO Box 301141  City State Zip Code Indianapolis Name  City Category/Type  Office Sought: House X Senate President  Office Sought: House Name  Candidate Name Mailing Address PO Box 301141  City State Zip Code Indianapolis Name  Crandidate Name  Miling Address PO Box 301141  City State Zip Code Indianapolis Name  Candidate Name  Miling Address PO Box 301141  City State Zip Code Indianapolis Name  Candidate Name  Miling Address PO Box 301141  City State Zip Code Indianapolis Name  Category/Type  Other (specify) ▼  Type  Transaction ID: 6049423  Date of Disbursement this Perion  State Obsbursement Tor: 2010  Category/Type  Transaction ID: 6049424  Date of Disbursement this Perion  State Obsbursement Tor: 2010  Category/Type  Other (specify) ▼	or for commercial purposes, other than using the na			
Pat Roberts For Senate  Mailing Address PO Box 433  City State Zip Code Great Bend KS 67530  Purpose of Disbursement  Candidate Name Sen. Pat Roberts  Office Sought: Versident State: KS Disbursement For: 2010  State: KS District: Versident State: Campaign Fund  Mailing Address PO Box 133  City State: Tirst, Middle Initial)  Castle Campaign Fund  Mailing Address PO Box 133  City State: Disbursement For: 2010  Purpose of Disbursement  Candidate Name Rep. Michael Castle  Office Sought: Versident State: Disbursement For: 2010  State: DE District: Disbursement For: 2010  Primary X General Primary X General Other (specify) ▼  Transaction ID: 6049423  Date of Disbursement this Perior Soud, and the Primary Sound Form of the Primary Sound Form	` '	DONTISTS POLITICAL A	CTION COMM	MITTEE
City Great Bend KS 67530  Purpose of Disbursement  Candidate Name Sen. Pat Roberts  Office Sought:				Date of Disbursement
Great Bend KS 67530  Purpose of Disbursement  Candidate Name Sen. Pat Roberts  Office Sought:    House	Mailing Address PO Box 433			
Candidate Name Sen. Pat Roberts  Office Sought:				
Sen. Pat Roberts  Office Sought:	Purpose of Disbursement		011	5000.00
State: KS  District:  Full Name (Last, First, Middle Initial) Castle Campaign Fund  Mailing Address PO Box 133  City Wilmington  President  Disbursement  Office Sought:  State: DE  District:  Full Name (Last, First, Middle Initial) Candidate Name Rep. Michael Castle  Office Sought:  State: DE  District: 01  Full Name (Last, First, Middle Initial) Dan Coats For Indiana  Mailing Address PO Box 301141  City Indianapolis  President  Candidate Name Mailing Address  PO Box 301141  City Indianapolis  President  Disbursement For:  State: Zip Code IN  46230  Purpose of Disbursement  Office Sought:  Candidate Name Mr. Daniel Coats  Office Sought:  Amount of Each Disbursement this Perio  Transaction ID: 6049424  Date of Disbursement  Office Sought:  Office Sought:  Candidate Name Mr. Daniel Coats  Office Sought:  Amount of Each Disbursement this Perio  Transaction ID: 6049424  Date of Disbursement this Perio  Transaction ID: 60490424  Date of Disbursement this Perio  Office Sought:  Of				
Full Name (Last, First, Middle Initial) Castle Campaign Fund  Mailing Address PO Box 133  City State Zip Code Willmington DE 19899  Purpose of Disbursement  Candidate Name Rep. Michael Castle  Office Sought: X House Primary X General Primary X General Disbursement  Cate of Disbursement  Other (specify) ▼  Transaction ID: 6049423  Date of Disbursement this Perior 2010  Amount of Each Disbursement this Perior 2010  Category/ Type  Transaction ID: 6049424  Disbursement For: 2010  Primary X General Disbursement Date of Disbursement For: 2010  Full Name (Last, First, Middle Initial) Dan Coats For Indiana  Mailing Address PO Box 301141  City State Zip Code IN 46230  Purpose of Disbursement  Candidate Name Mr. Daniel Coats  Office Sought: House Disbursement For: 2010  X Senate Primary X General Disbursement For: 2010  Category/ Type  Office Sought: No Mailing Address PO Box 301141  Category/ Type  Office Sought: No Mailing Address Poresident Disbursement For: 2010  X Senate President Disbursement For: 2010  X Senate Primary X General Other (specify) ▼	X Senate President	Primary X General		
Castle Campaign Fund  Mailing Address PO Box 133  City State Zip Code Wilmington DE 19899  Purpose of Disbursement  Candidate Name Rep. Michael Castle  District: 01  Full Name (Last, First, Middle Initial) Dan Coats For Indiana  Mailing Address PO Box 301141  City State Zip Code Disbursement  City State Zip Code Indiana  Mailing Address PO Box 301141  City State Zip Code Indiana  City City Stat				T " ID 0040400
City Wilmington DE 19899  Purpose of Disbursement  Candidate Name Rep. Michael Castle  Office Sought: X House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dan Coats For Indiana  Mailing Address PO Box 301141  City State Zip Code IN 46230  Purpose of Disbursement  Candidate Name Mr. Daniel Coats  Office Sought: X House Senate Primary X General Other (specify) ▼  Transaction ID: 6049424 Date of Disbursement  Office Sought: N 46230  Amount of Each Disbursement this Perior Sought N 2 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,			Date of Disbursement
Willmington DE 19899   Purpose of Disbursement 011   Candidate Name Rep. Michael Castle Category/ Type   Office Sought: X House Disbursement For: 2010   Senate Primary X General   President Other (specify) ▼    Transaction ID: 6049424 Date of Disbursement   Dan Coats For Indiana Date of Disbursement   City State Zip Code 	Mailing Address PO Box 133			06 28 2010
Candidate Name Rep. Michael Castle  Office Sought:				Amount of Each Disbursement this Period
Rep. Michael Castle  Office Sought:	Purpose of Disbursement		011	5000.00
Senate President State: DE District: 01  Full Name (Last, First, Middle Initial) Dan Coats For Indiana  Mailing Address PO Box 301141  City Indianapolis Purpose of Disbursement  Candidate Name Mr. Daniel Coats  Office Sought:  House X Senate Primary X General Other (specify)  Transaction ID: 6049424 Date of Disbursement  Date of Disbursement  Date of Disbursement  Office Sought:  Amount of Each Disbursement this Perior  Category/ Type  Office Sought:  Primary X General Other (specify)			, ,	
Full Name (Last, First, Middle Initial) Dan Coats For Indiana  Mailing Address PO Box 301141  City State Zip Code Indianapolis IN 46230  Purpose of Disbursement  Candidate Name Mr. Daniel Coats  Office Sought: House X Senate Primary X General Other (specify) Type  Office (specify) Type  Transaction ID: 6049424 Date of Disbursement  Amount of Each Disbursement this Perior Sought Senate Primary X General Other (specify) Type	Senate	Primary X General		
Dan Coats For Indiana  Mailing Address PO Box 301141  City State Zip Code Indianapolis IN 46230  Purpose of Disbursement  Candidate Name Mr. Daniel Coats  Office Sought: House X Senate Primary X General President  Date of Disbursement  Amount of Each Disbursement this Perior 1011  Category/ Type  Office Sought: Primary X General Other (specify)  Other (specify)  Other (specify)				
City State Zip Code Indianapolis IN 46230  Purpose of Disbursement  Candidate Name Mr. Daniel Coats  Office Sought: House X Senate Primary X General Other (specify) Tobal Content of Each Disbursement this Period Sought Amount of Each Disbursement this Period Sought Senate Primary X General Other (specify) Tobal Coats	,			Date of Disbursement
Indianapolis  Purpose of Disbursement  Candidate Name Mr. Daniel Coats  Office Sought:  N 46230  O11  Category/ Type  Office Sought:  Primary  X Senate President  President  N 46230  O11  Category/ Type  Other (specify)  Other (specify)  ▼	Mailing Address PO Box 301141			06 28 2010
Candidate Name Mr. Daniel Coats  Office Sought:  House X Senate President  O11  Category/ Type  Disbursement For: 2010  Primary X General Other (specify)				Amount of Each Disbursement this Period
Mr. Daniel Coats  Office Sought:  X Senate Primary President  Disbursement For: 2010 Primary X General Other (specify) ▼	·		011	5000.00
X Senate Primary X General President Other (specify) ▼				
State: IN District:	X Senate President	Primary X General		
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TEMIZED DIS	SBURSEMENTS		category of the Summary Page	(check only 21b 27	22   X 23   24   25
					or the purpose of soliciting contributions licit contributions from such committee
NAME OF COM	•				
Full Name (Last, Dave Reichert	First, Middle Initial) for Congress				Transaction ID: 6049425 Date of Disbursement
Mailing Address	PO Box 53322				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & E \end{smallmatrix} \end{bmatrix} \ \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & D & I & O \end{smallmatrix} \end{bmatrix}$
City Bellevue		State WA	Zip Code 98015		Amount of Each Disbursement this Period
Purpose of Disbu	irsement			011	5000.00
David Reichert				Category/ Type	
Office Sought:	Senate President	sbursement For: Primary Other (spe	2010 X General ecify) 🔻		
State: WA	District: 08				
Friends of Jac	First, Middle Initial) k Kingston				Transaction ID: 6049426  Date of Disbursement
Mailing Address	PO Box 2133				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & E \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} $
City Savannah		State GA	Zip Code 31402		Amount of Each Disbursement this Perio
Purpose of Disbu	irsement			011	5000.00
Candidate Name Jack Kingston				Category/ Type	
Office Sought:	Senate President	sbursement For: Primary Other (spe	2010 X General ecify) <b>V</b>		
State: GA Full Name (Last,	District: 01 First, Middle Initial)				Transaction ID: 6049427
Capito for Con					Date of Disbursement
Mailing Address	PO BOX 11519				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & E \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & D & I & O \end{smallmatrix} \end{bmatrix}$
City Charleston		State WV	Zip Code 25339		Amount of Each Disbursement this Perio
Purpose of Disbu	irsement			011	5000.00
Candidate Name Shelley Capito				Category/ Type	
Office Sought:	X House Dis Senate President	bursement For: Primary Other (spe	2010 X General ecify) ▼		
- 1407	D:				
State: WV	District: 02				15000.00

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 18/22
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Statem				
or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTHOD				such committee
Full Name (Last, First, Middle Initial) EricPac			Transaction ID: 6 Date of Disburseme	nt
Mailing Address			06 / 28	<sup>2</sup> 2010
City	State Zip Code		Amount of Each Dis	bursement this Period
Purpose of Disbursement		011		5000.00
Candidate Name		Category/ Type		
Office Sought:  Senate President State:  Disburse	ement For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) Pete Sessions for Congress			Transaction ID: 6 Date of Disburseme	nt
Mailing Address PO Box 140970			06 28	2 0 1 0 °
City Dallas	State Zip Code TX 75214		Amount of Each Dis	bursement this Period
Purpose of Disbursement	.,,	011		5000.00
Candidate Name Pete Sessions		Category/ Type		
Senate President	ment For: 2010 Primary X General Other (specify)			
State: TX District: 32  Full Name (Last, First, Middle Initial)			- ·· · · · · ·	0.40.400
Morgan Griffith For Congress			Transaction ID: 6 Date of Disburseme	nt
Mailing Address PO Box 361			06	2010
City Christiansburg	State Zip Code VA 24068		Amount of Each Dis	bursement this Period
Purpose of Disbursement	Ir	011		2500.00
Candidate Name H Morgan Griffith		Category/ Type		
Office Sought:    X   House   Disburse     Senate   President     State: VA   District: 09	ment For: 2010 Primary X General Other (specify)			
SUBTOTAL of Disbursements This Page (optional)				12500.00
TOTAL This Period (last page this line number only)				
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S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	)		IE NUMBI	ER:		PAGE	19 / 2	2
П	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check o	22 28a	X 23		-	25 29	26 30
	ny Information copied from such Reports and Staten for commercial purposes, other than using the nam									
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHOD	ONTISTS POLITICAL A	CTI	ON COM	IMITTEE					
۷.	Full Name (Last, First, Middle Initial) Stivers For Congress				Date	of Disbu	ID: 604 ursement	9431		
	Mailing Address 81 S Fifth Street				0 <sup>M</sup> 6	M /	28	y y	0 Ĭ 0	Y
	City Columbus	State Zip Code OH 43215			Amo	unt of Ea	ach Disbui	-		eriod
	Purpose of Disbursement			011				250	00.00	
	Candidate Name Mr. Steve Stivers		C	ategory/ Type						
	Senate President	ement For: 2010 Primary X General Other (specify)								
_	State: OH District: 15  Full Name (Last, First, Middle Initial)				Tran	saction	ID: 604	9432		
3.	Steve Chabot for Congress						ursement		Y	Υ
	Mailing Address 3014 Harrison Ave				0 6		28	2	0 1 0	
	City Cincinnati	State Zip Code OH 45211			Amo	unt of Ea	ach Disbui	sement	this P	eriod
	Purpose of Disbursement			011				250	00.00	
	Candidate Name Steve Chabot		С	ategory/ Type						
	Office Sought:  X House Senate President State: OH District: 01	ement For: 2010 Primary X General Other (specify)								
 ;.	Full Name (Last, First, Middle Initial) Andy Harris For Congress					of Disbu	ID: 604 ursement	9438		
	Mailing Address PO Box 1527				0 <sup>M</sup> 6	M /	<sup>D</sup> 2 8 /	y y	0 1 0	Y
	City Annapolis	State Zip Code MD 21404			Amo	unt of Ea	ach Disbui	rsement	this P	eriod
	Purpose of Disbursement			011	T L.			250	00.00	
	Candidate Name Mr. Andrew Harris		C	ategory/ Type						
	Senate President	ement For: 2010 Primary X General Other (specify)								
Γ,	State: MD District: 01  SUBTOTAL of Disbursements This Page (optional)			▶				750	00.00	
Г	TOTAL This Period (last page this line number only)					•	-	1	1 1	•
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SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check only	NUMBER: PAGE 20 / 22
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHO	DONTISTS POLITICAL AG	CTION COMM	IITTEE
Full Name (Last, First, Middle Initial) Tim Griffin For Congress Campaign Con	nmittee		Transaction ID: 6049439 Date of Disbursement
Mailing Address P.O. Box 7526			06 7 28 7 2010
City Little Rock	State Zip Code AR 72217		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2500.00
Candidate Name Tim Griffin		Category/ Type	
Senate President	rsement For: 2010 Primary X General Other (specify)		
State: AR District: 02  Full Name (Last, First, Middle Initial)			II0040440
Wyden For Senate			Transaction ID: 6049440  Date of Disbursement
Mailing Address PO Box 3498			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & E & G \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & D & I & O \end{bmatrix} $
City Portland	State Zip Code OR 97208		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	4000.00
Candidate Name Sen. Ron Wyden		Category/ Type	
Office Sought:  House  X Senate  President	rsement For: 2010 Primary X General Other (specify)		
State: OR District:  Full Name (Last, First, Middle Initial)			Transaction ID: 6049441
Mikulski for Senate Committee			Date of Disbursement
Mailing Address P O B 13147			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z & M \end{smallmatrix} \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & I & O \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y & Y \\ Z & I & I & I & I \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y & Y \\ Z & I & I & I & I \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y & Y \\ Z & I & I & I & I \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y & Y \\ Z & I & I & I & I \\ I & I & I & I & I \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y & Y \\ I & I & I & I & I \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ I & I & I & I \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ I & I & I & I \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ I & Y & I & I \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ I & Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ I & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ I & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ I & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ I & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ I & Y \end{bmatrix} & \begin{bmatrix} Y & Y \\ I & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ I & Y \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ I & Y \end{bmatrix} & \begin{bmatrix} Y & Y \\ I & Y \end{bmatrix} & \begin{bmatrix} Y & Y \\ I & Y \end{bmatrix} & \begin{bmatrix} Y & Y \\ I & Y \end{bmatrix} & \begin{bmatrix} Y & Y \\ I & Y \end{bmatrix} & \begin{bmatrix} Y & Y \\ I & Y \end{bmatrix} & \begin{bmatrix} Y & Y \\ Y & Y \end{bmatrix} & \begin{bmatrix} Y & Y \\ Y \end{bmatrix} & \begin{bmatrix} Y \\ Y \end{bmatrix} & \begin{bmatrix} Y & Y \\ Y \end{bmatrix} & \begin{bmatrix} Y & Y \\ Y \end{bmatrix} & \begin{bmatrix} Y & Y \\ Y \end{bmatrix} & \begin{bmatrix} Y \\ Y \end{bmatrix} & \begin{bmatrix} Y & Y \\ Y \end{bmatrix} & \begin{bmatrix} Y \\ Y \end{bmatrix} & \begin{bmatrix} Y \\ Y \end{bmatrix} & \begin{bmatrix} Y & Y \\ Y \end{bmatrix} & \begin{bmatrix} Y \\ Y \end{bmatrix} & $
City Baltimore	State Zip Code MD 21203		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	2500.00
Candidate Name Barbara Mikulski		Category/ Type	
X Senate President	rsement For: 2010 Primary X General Other (specify)		
State: MD District:			
SUBTOTAL of Disbursements This Page (optional	D.		9000.00

Transaction ID: 6049447  Disbursement  Candidate Name Rep. Zachary Space  Office Sought:  X House Senate President State: OH District: 18  Full Name (Last, First, Middle Initial) Pallone For Congress  Mailing Address PO Box 3176  City State President State: OH District: 18  Full Name (Last, First, Middle Initial) Candidate Name Rep. Frank Pallone, Jr.  Office Sought: X House Senate President State: NJ District: 06  Full Name (Last, First, Middle Initial) Candidate Name Rep. Frank Pallone, Jr.  Office Sought: X House Senate President State: NJ District: 06  Full Name (Last, First, Middle Initial) Cate Goughts State: NJ District: 06  Full Name (Last, First, Middle Initial) Chet Edwards For Congress Mailing Address PO Box 23273			arate schedule(s)	(check only	NUMBER: PAGE 21 / 22 vone)
NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial) Zack Space For Congress Committee  Mailing Address 726 Sixteenth Street Ne  City Massillon Candidate Name Rep. Zachary Space  Office Sought:  Value State President State: NJ District: 18  Full Name (Last, First, Middle Initial) Candidate Name Rep. Zarbary Space  Office Sought:  Value Senate President NJ O7740  Purpose of Disbursement  Office Sought:  Value Senate President NJ O7740  Purpose of Disbursement  Office Sought:  Value Senate President State: NJ District: 06  Full Name (Last, First, Middle Initial) Candidate Name Rep. Zarbary Space  Office Sought:  Value V	I EMIZED DISBURSEM			21b	22 X 23 24 25
NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial) Zack Space For Congress Committee  Mailing Address 726 Sixteenth Street Ne  City State Zip Code OH 44646  Purpose of Disbursement Candidate Name Rep. Zachary Space  Office Sought: X House Senate President State: OH District: 18  Full Name (Last, First, Middle Initial) Candidate Name Rep. Frank Pallone, Jr.  Office Sought: X House Senate President State: NJ District: 05  Full Name (Last, First, Middle Initial) Candidate Name Rep. Frank Pallone, Jr.  Office Sought: X House Senate President State: NJ District: 05  Full Name (Last, First, Middle Initial) Chet Edwards For Congress  Mailing Address PO Box 23273  City State Zip Code NJ 07740  Office Sought: X House President State: NJ District: 05  Full Name (Last, First, Middle Initial) Chet Edwards For Congress  Mailing Address PO Box 23273  City State Zip Code TX 76702  Purpose of Disbursement  Office Sought: X House Senate President State: NJ District: 05  City State Zip Code TX 76702  Purpose of Disbursement  Office Sought: X House Senate President State: NJ District: 05  City State Zip Code TX 76702  Purpose of Disbursement  Office Sought: X House Senate President Candidate Name Rep. Chet Edwards  Office Sought: X House Senate President Candidate Name Rep. Chet Edwards  Office Sought: X House Senate President Candidate Name Rep. Chet Edwards  Office Sought: X House President Candidate Name Rep. Chet Edwards  Office Sought: X House President Candidate Name Rep. Chet Edwards  Office Sought: X House President Candidate Name Rep. Chet Edwards  Office Sought: X House President Candidate Name Rep. Chet Edwards  Office Sought: X House President Candidate Name Rep. Chet Edwards  Office Sought: X House President Candidate Name Rep. Chet Edwards  Office Sought: X House President Rep. C					
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NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF ORTHODO	ONTISTS POLITICAL ACTI	ON COMMI	TTEE
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Mailing Address PO Box 140970			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & Y \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & Y \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} D & $
,	State Zip Code TX 75214		Amount of Each Disbursement this Period
Purpose of Disbursement Void - Pete Sessions for Congress		011	-5000.00
Candidate Name Pete Sessions	C	Category/ Type	
Office Sought: X House Disburse Senate President	ment For: 2010 Primary X General Other (specify) ▼		Void - Pete Sessions for Congress
State: TX District: 32			
Full Name (Last, First, Middle Initial) Friends of Jack Kingston			Transaction ID: 6066434  Date of Disbursement
Mailing Address PO Box 2133			$\begin{bmatrix} 0 & 6 & M \\ 0 & 6 & M \end{bmatrix} / \begin{bmatrix} 0 & 3 & 0 \\ 0 & 3 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 1 \\ 0 & 2 & 0 & 1 \\ 0 & 0 & 0 \end{bmatrix}$
	State Zip Code GA 31402		Amount of Each Disbursement this Period
Purpose of Disbursement Void - Friends of Jack Kingston		011	-5000.00
Candidate Name Jack Kingston	C	Category/ Type	
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SUBTOTAL of Disbursements This Page (optional)	•	-10000.00
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State: GA

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